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ABSTRACT

This paper discusses the need for screening programs to identify seriously emotionally disturbed students and describes the development and trial of a screening instrument for identifying probable cases from among possible cases. The Quick Screening Inventory (QSI) is a brief, easy-to-use instrument that is directly related to the definition of serious emotional disturbance in Public Law 94-142. The Law requires that the public schools identify all handicapped students, including those determined to be seriously emotionally disturbed. The development and initial reliability testing of the QSI, which contains 45 paired "yes/no" items, involved its administration to graduate students and included the administration of a test evaluation instrument to teachers. The QSI was demonstrated to have adequate reliability for a screening instrument. A screening trial was conducted in a small school system of 107 teachers and 1,746 students that was without serious emotional disturbance services. The school population was 35% black and 65% white. The trial was initiated in the spring after teachers had taught students for a long enough period to apply the duration criterion used by the instrument. The QSI identified 1.6% (n=28) of the system's student population as being probable cases of serious emotional disturbance. Students identified with the QSI were reassessed with the Behavior Problem Checklist (Revised); 96% (n=27) of the identified cases were confirmed as probable cases of severe emotional disturbance. The QSI is provided. (TJH)

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SED Screening

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The Quick Screening Inventory (QSI)
for

Serious Emotional Disturbance

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Running head: SED SCREENING

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Abstract

This paper discusses the need for screening programs to identify seriously emotionally disturbed students and the development and trial of a screening instrument for identifying probable cases from among possible cases. The Quick Screening Inventory is a brief, easy to use instrument that is directly related to the definition of serious emotional disturbance in P.L. 94-142. The QSI was demonstrated to have adequate reliability. In a screening trial conducted in a small school system without SED services, it identified 1.6% of the system's student population as being probable cases of SED. A check of those students identified with the QSI was done using the Behavior Problem Checklist (Revised) and 96% of the identified cases were confirmed as probable SED cases. Other results are also discussed along with limitations of the study.

The Quick Screening Inventory (QSI)
for
Serious Emotional Disturbance

P.L. 94-142 requires that the public schools attempt to identify all handicapped students, including those termed "seriously emotionally disturbed" (SED) [121a128(a)]. Such attempts by the public schools are usually referred to as "child find." SED students are under-served relative to their predicted numbers (Grosnick & Huntz, 1980; Center & Obringer, 1987). While there are any number of possible explanations for this state of affairs (Center & Obringer, 1987), one possibility is inadequate child find efforts on the part of school systems.

There is some evidence to support inadequate child find efforts as a partial explanation for under-service. Long (1983), in an attempt to identify factors contributing to under-identification in school systems with low service levels, found that one thing that characterized these systems was a failure to screen for SED even when they had active screening programs for other handicapping conditions. One possible reason that more screening isn't done for SED is the lack of a

brief, inexpensive, and "user friendly" screening instrument. The QSI is an attempt to rectify that situation.

The primary purpose of a screening instrument is to identify students who need further assessment or monitoring (Taylor, 1984). The instrument should narrow down the set of all possible cases to a subset of probable cases. The identified subset can then be targeted for closer examination with more intensive, accurate, and expensive methods of evaluation.

During the development of the QSI the authors had several objectives:

1. To develop an instrument with acceptable reliability.
2. To develop an instrument with content validity.
3. To develop an instrument that would identify probable cases.
4. To develop an instrument that was brief.
5. To develop an instrument that was easy for teachers to use.

Methods

Assessment

The first step was to develop an instrument with

content validity. The authors decided that the best way of accomplishing this task was to have the content of the instrument directly related to the definition of SED in P.L. 94-142. Therefore, items were constructed by drawing on the wording used in defining SED in P.L. 94-142. The first step was to develop functional definitions for the three conditions specified in the P.L. 94-142 definition. The definitions used are as follows:

1. "Marked problem" means the student clearly stands out in contrast to other students in the class relative to the behavior under consideration.
2. "Long period of time" means the student has had the problem regularly for at least six months.
3. "Adversely affects educational performance" means the student is at least 25% behind in at least one academic subject. A percentage criterion was decided on over some other type of criterion such as standard deviation because a regular classroom teacher might not have standardized test data on a student but could still make a judgment based on classroom experience with the student.

An instrument with six items was then constructed

based on the descriptive characteristics provided for SED in the P.L. 94-142 definition (See Figure 1). The instrument requires from one to eight "yes" or "no" responses indicated by a checkmark.

Insert Figure One

About Here

The second step was to determine if the instrument had reliability. Test-retest reliability was determined, using a two week interval, by having several classes of graduate students in regular education courses at Mississippi State University complete the instrument. Only students who were currently teaching in a regular classroom participated.

Teachers who answered Question One by checking "No" were instructed to turn-in the instrument without any further responses. Teachers who answered Question One by checking "Yes" were told that if they had more than one student in mind when they checked "Yes" to complete the instrument for the student they considered to have the most serious problem. Teachers completing the entire instrument were instructed to omit the student

identification requested in the last item. The above process was repeated two weeks later.

A total of 45 paired instruments resulted from this process. A "Yes" response was assigned a value of one and a "No" response was assigned a value of zero. A total score was then computed for each instrument by summing the scores. A Pearson product-moment correlation was computed on the paired scores. This resulted in a Pearson correlation coefficient of $r = .96$. This was judged as more than adequate for the instrument's purpose.

The teachers completing the instrument were also asked to respond to a two-item questionnaire with a simple "yes" or "no" response on whether, in the their judgment, the instrument was 1) brief and 2) easy to use. Approximately 98% of the teachers judged the instrument to be brief and approximately 91% judged the instrument easy to use.

Procedures

The next step was to try the instrument as a screening device in a school system. A small, local school system with which the second author was then

affiliated was used for the trial. The school system had a total of 107 teachers and 1746 students. Thirty-five percent of the student population was black and 65% was white. There were no identified SED students, nor programs for such students in the school system. While this last statement may strike some readers as unusual, it is typical of school systems in Mississippi which has the lowest service level for SED of any state in the U.S.

The trial was begun in the spring after teachers had had students for a long enough period of time to apply the duration criterion used by the instrument. Each teacher was given one copy of the instrument and told that he or she should complete the instrument as part of a child find procedure and to turn it in to the school office by the end of the week. Teachers were also told that if they needed additional copies of the instrument they were available in the school office. An ample supply of the instrument was left in the school office at each of the four schools in the system.

After the instruments were collected and evaluated, a list of students and the identifying teacher for each was constructed. Each of these teachers was then given

a copy of the Behavior Problem Checklist (Revised) by Quay and Peterson (1983) and instructed to complete the checklist on the student(s) they had identified on the QSI.

Results

The QSI identified 28 (1.6%) students as probable cases of SED. Of these identified students 12 (43%) were at the elementary level (G1-G4), 9 (32%) were at the middle school level (G5-G8), and 7 (25%) were at the high school level (G9-G12). In the identified group, six (21%) were female and 22 (79%) were male. Sixteen (57%) of the identified students were black and 12 (43%) of the identified students were white. Two (7%) of the identified students were already in special education placements (one each in MR and LD).

The check on the QSI done using the Behavior Problem Checklist (Revised) found 27 (96%) of the identified students to have significant problems according to this well known and widely used instrument. Judgments on the BPC-R were made using the conduct disorder (CD), anxiety-withdrawal (AW), and psychotic behavior (PB) subscales. The socialized aggressive (SA)

subscale was not used since this was viewed as equivalent to social maladjustment, an excluded category, in the P.L. 94-142 definition. The attention problem (AP) and motor excess (ME) subscales were not used as these were viewed as more closely related to another special education category (learning disabilities).

Two sets of norms from the BPC-R manual were used. The norms based on a normal sample (Table 8) were used where the criterion for retention in the identified group was 1+ S.D. above the mean on at least one of the three subscales employed. Twenty-seven of the 28 identified students met this criterion. The norms based on a clinical sample (Table 5) were also used where the criterion for retention in the identified group was a score equal to or greater than the mean on at least one of the three subscales employed. The same 27 students who met the criterion for Table 8 also met the criterion for Table 5.

Twenty-two (81%) of the 27 identified students who were retained were deviant on two or more of the BPC-R subscales used, on at least one set of norms. Overall, 22 (81%) were deviant on the CD subscale. Eighteen (67%)

students were deviant on the AW subscale. Fourteen (52%) were deviant on the PB subscale.

Discussion

The results of this study suggest that the QSI met the objectives set-out by the authors. The QSI has adequate reliability for a screening instrument, should have content validity, is brief, and is easy to use. The initial trial with the QSI and the check on its results using the BPC-R, indicated that probable cases identified by the QSI were in fact students that, in all probability, needed further evaluation.

One major short-coming of this study was an inability to follow-up on the number of students identified by the QSI who were subsequently ruled eligible for SED services. Several factors mitigated against this step being accomplished. First, the first author left the state. Second, the second author took a position with another school system within the state. Finally, and perhaps most important, the likelihood of a student being ruled eligible for SED services in Mississippi, regardless of need, is very small. Mississippi, for all practical purposes, does not serve

students in the SED category. This is evident from the extremely low service level to SED students in Mississippi. As pointed-out earlier, Mississippi has the lowest service level of any state in the U.S. It serves approximately .007 of its school-age population as SED, which numerically translates into less than 400 students state-wide. Therefore, even if the logical final step for this study had been conducted, the results would probably have been meaningless.

One question that arises from the results is, why didn't the QSI identify a larger percentage of the school population screened? The prevalence figure for SED is 2-3% and screening instruments tend to over-identify yet only 1.6% were identified by the QSI. In fact, Bower (1981) using the same definition used in developing the QSI found as much as 10% of the population screened as probable cases.

There is no certain answer to this question. One possibility is that the official prevalence figure may be inaccurate, though this is not generally accepted as true (Kauffman, 1985). If one accepts that the mean, national service level is a good estimate of prevalence, then the QSI did over-identify by about 44%. If one

accepts the official prevalence figure as correct, the QSI under-identified by between 20% and 47%. A second possibility is that the functional criteria used in the QSI for the three conditions that must be met under the P.L. 94-142 definition (duration, intensity, and adverse effect on academic performance) limited the number of referrals. A third possibility is that because of the lack of SED services in the school system used for the trial screening teachers were more tolerant of deviant behavior than they might otherwise have been. Finally, it is possible that because of the lack of SED services in the school system, the teachers tended to identify only their most severe cases. Some indirect evidence supporting this explanation is the high percentage (52%), of identified students, who were deviant on the PB subscale of the BPC-R.

In conclusion, it must be stated that the only way to answer the above questions would be to conduct a similar screening trial where the problems and limitations in this trial were not present. However, the authors think that the data collected on the QSI in this study indicates that the QSI has a high probability

of being a fast, inexpensive, and easy to use screening instrument that could be used without any further study. Clearly, anyone deciding to use this or any other screening instrument should establish evaluation criteria to determine if the instrument is in fact doing adequately the task it was selected to accomplish.

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1. Do you have a student who, in your estimation, is at least 25% behind in at least one academic subject, for example, the student is in the latter part of the sixth grade and is functioning at early to middle fifth grade level or lower in math?

_____ YES _____ OR _____ NO

a. If you have answered no, stop and turn in the survey.

- b. If you have answered yes, is this student currently classified as a special education student?

_____ YES _____ OR _____ NO

Before continuing on to question two, please note the following definitions to be used in answering questions two through six.

"Marked problem" means the student clearly stands out in contrast to other students in the class relative to the behavior under consideration.

"Long period of time" means the student has had the problem regularly for at least six months.

2. Does this student have marked problems relative to interpersonal relations, for example, uncooperative, quarrelsome, jealous, aggressive, and so forth, which have been present over a long period of time?

_____ YES _____ OR _____ NO

Please continue on to question three.

3. Does this student have marked problems relative to inappropriate behavior under normal conditions, for example, disruptive, steals, hyperactive, destructive, and so forth, which have been present over a long period of time?

_____ YES _____ OR _____ NO

Please continue on to question four.

4. Does this student have marked problems relative to inappropriate feelings under normal conditions, for example, feelings easily hurt, easily angered, negativism, suspicious, and so forth, which have been present over a long period of time?

_____ YES _____ OR _____ NO

Please continue on to question five.

Figure One. An illustration of the contents of the Quick

5. Does this student have marked problems relative to a general mood of unhappiness or depression, for example, never has "fun," shy and socially withdrawn, feels inferior, cries over insignificant things, and so forth, which have been present over a long period of time?

_____ YES _____ OR _____ NO

Please continue on to question six.

6. Does this student have marked problems relative to physical complaints or fears associated with personal or school problems, for example, anxious, unable to relax, overly cautious, frequent complaints of headache, stomachache, and so forth, which have been present over a long period of time?

_____ YES _____ OR _____ NO

- a. Did you answer yes for this student on any of the questions 2 through 6?

_____ YES _____ OR _____ NO

- b. If you have answered no, stop and turn in the survey.

- c. If you have answered yes, please fill in the information below.

Student's Name _____

Student's Sex _____

Student's Grade _____

Student's School _____

If you have other students who you feel would fit this survey, please obtain additional forms from the office and complete and turn them in.

Thank you.

Screening Inventory.

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